

# Disposition of Unspent Contributions

Reporting Form for Candidates (NRS 294A.180)

State of Nevada

## BEFORE COMPLETING THIS FORM, PLEASE READ THE REQUIREMENTS ON PAGE TWO

(This page may be copied or duplicated if additional space is needed, but all pages must be attached when the report is filed.)

**NOTE:** Any person who willfully violates the filing requirements is subject to a civil penalty of not more than \$5,000 for each violation and payment of court costs and attorney's fees!

SHARRON ANGLE ASSEMBLY 29  
Name (print) Office Held District

**DATE OF THIS REPORT:** ☒ 15th day of the second month after his election if contributions remain ☐ 15th day of the second month after his defeat if contributions remain

### BEGINNING BALANCE OF UNSPENT CAMPAIGN

CONTRIBUTIONS AS OF JANUARY 1, 2000: \$ 1034<sup>02</sup>

### EXPLANATION OF DISPOSITION

(This report should reflect any remaining campaign contributions from your previous election cycle only.)

AMOUNT:	DISPOSITION:
\$ <u>7,514<sup>00</sup></u>	<u>PAYMENT OF EXPENSES RELATED TO PUBLIC</u>
\$	<u>OFFICE AND MY CAMPAIGN</u>
\$	
\$	
\$	
\$	
\$	
\$	

REMAINING BALANCE OF UNSPENT CAMPAIGN CONTRIBUTIONS: \$ 7,514<sup>00</sup>

I do hereby swear (or affirm) under penalty of perjury that the assertions contained in this report are true

this 16 day of January, 2001

Sharon E. Angle  
Signature of Public Officer

SHARRON E. ANGLE  
Name of Public Officer

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Street Address

P.O. Box 33058  
Mailing Address if Different

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City and State Zip Code

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Daytime Telephone Number

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